
OR Petition 2

PETITION

TO: Medical Facilities Planning Section
State Health Coordinating Council
NC Division of Health Service Regulation
701 Barbour Drive
P.O. Box 29530
Raleigh, NC 27626-0530

PETITIONER: Jimm Bunch
Chief Executive Officer
Park Ridge Hospital
PO Box 1569, Naples Road
Fletcher, NC 28732-1569
(828) 681-2101

DATE: August 3, 2007

RE: Petition for Adjusted Need Determination for One Surgical
Operating Room in Henderson County

Overview

Park Ridge Hospital, located in Henderson County, provides a comprehensive range of healthcare services in a high growth service area. The hospital maintains high inpatient occupancy of its 62 licensed acute care beds and has experienced tremendous growth in surgery and emergency department visits. Park Ridge Hospital is a member of the Adventist Health System, the largest not-for-profit Protestant health care organization in the United States, served almost four million patients last year.

The Operating Room Methodology in the Proposed 2008 State Plan does not address the unique circumstances and needs of the service area. Park Ridge Hospital's high utilization of its six licensed operating rooms requires that cases be scheduled beyond eight hours per day. There is a pressing need to add operating room capacity to serve both inpatients and outpatients; however, the opportunities to add future surgery capacity have been blocked by a neighboring hospital. In 2002, Margaret R. Pardee Memorial Hospital obtained CON approval

to add four operating rooms for a total of ten licensed operating rooms. Now, five years later, the hospital staffs and utilizes only seven of these ten operating rooms. While Pardee has financially struggled in recent years, Park Ridge Hospital has maintained a consistent trend of financial stability and prudent investments in facility expansion. A special adjustment to the OR need determination is justified for Henderson County to compensate for the chronically under-utilized and un-staffed operating rooms at Margaret R. Pardee Memorial Hospital.

Requested Change

Park Ridge Hospital requests an adjusted need determination for one additional operating room allocated to Henderson County. This request relates to the unique circumstance that the Adjusted Planning Inventory (Table 6B, Columns S) for Henderson County includes three unstaffed operating rooms at Pardee that should be excluded from the adjusted planning inventory because these rooms are unavailable to patients and surgeons.

Justification for Requested Adjustment

Park Ridge Hospital provides compelling justification for the requested adjusted need determination.

1) Unlike every other NC hospital of similar size, Margaret R. Pardee Memorial Hospital has three operating rooms reported as "not-in-use". However, these three unused operating rooms remain in the Operating Room Methodology and prevent the OR need methodology from properly functioning. The State Health Coordinating Council has already recommended that the methodology be modified to exclude operating rooms in chronically underutilized facilities from step 5 ("determination of need") in the operating room methodology. This change to the methodology is already reflected in the Proposed 2008 Plan. However, this mechanism has not been applied to Margaret R. Pardee Memorial

Hospital, which added four operating rooms (based on a 2001 CON application) for a current total of ten licensed operating rooms. While Pardee reports total surgery utilization that exceeds 40% of its total licensed capacity, it lacks staffing for three operating rooms as seen in Pardee's 2007 License Renewal Application in Exhibit 1. These Pardee operating rooms, which are licensed but listed as not-in-use, should be considered as chronically underutilized in this unique circumstance.

Patients do not have reasonable access to surgical capacity in Henderson County. Pardee has licensed operating rooms that are un-staffed and out of service; meanwhile Park Ridge Hospital's operating rooms are fully booked. Park Ridge Hospital staffs all six operating rooms a minimum of eight hours per day five days per week. Two operating rooms are routinely scheduled for extended hours for elective cases; one room is utilized until 5 PM and the other until 7 PM. In addition, the hospital maintains on-call coverage for emergency surgery

2) The 2006 DFS patient origin data for all NC hospitals and ambulatory surgery centers shows that 1,389 inpatients (36 percent) and 4,642 ambulatory patients (43 percent) that reside in Henderson County left their home county to obtain surgery at other facilities.

	Henderson Residents Inpatient Surgery	%
Henderson County Hospitals*	2440	64%
Other NC Hospitals**	1389	36%
Totals	3829	100%
	Henderson Residents Ambulatory Surgery	%
Henderson County Hospitals*	6158	57%
Other NC Hospitals and ASCs***	4642	43%
Totals	10800	100%
	Henderson Residents Inpatient and Ambulatory Surgery Combined	%
Henderson County Hospitals*	8598	59%
Other NC Hospitals and ASCs***	6031	41%
Totals	14629	100%

*Henderson County hospitals include Margeret R. Pardee Memorial Hospital and Park Ridge Hospital

**Other NC hospitals include all licensed NC hospitals that submitted inpatient and/or ambulatory surgery patient origin data

***ASCs include all licensed Ambulatory Surgery Centers that submitted ambulatory patient origin data

All data are self reported based on 2007 License Renewal Applications

Park Ridge Hospital asserts that a disproportionate number of surgery patients left Henderson County because of restricted access to operating rooms in their home county. The combined high volume of inpatient and ambulatory surgery cases at Park Ridge contributes to scheduling delays.

3) Park Ridge Hospital has already obtained CON approval to add a dedicated C-section operating room and to reconfigure its existing surgery suite that includes the present six (6) licensed operating rooms. This ongoing project, when completed, will definitely be of great benefit to improving patient satisfaction and safety for C-section patients. However, this project will not adequately respond to the overall current and future surgery demand at Park Ridge Hospital. The following table shows the Park Ridge surgery projections and regulatory performance standards for the hospital following the addition of the dedicated C-section room:

	PRH C-Section Procedures Performed in One Dedicated C-Section Room	PRH Surgery Cases Performed in Six Licensed Operating Rooms	PRH Average Cases per Day for the Shared Operating Room*	Regulatory Standards for Shared Operating Rooms (cases / room / day)	Percentages Exceeding the Performance Standard
2009-2010	213	6,135	3.93	3.2	123%
2010-2011	221	6,366	4.08	3.2	128%
2011-2012	230	6,605	4.23	3.2	132%

The above statistics prove that Park Ridge Hospital's six licensed operating rooms will be utilized at 123% to 132% of the regulatory performance standards even after the dedicated C-section operating room is in service. (These statistics and projections have been analyzed by the CON Section and determined to be based on reasonable assumptions.) Recent historical surgery volume is reflected in Park Ridge's 2007 Licensure Renewal Application. See Ex. 2, p. 8.

4) Park Ridge Hospital also provides historical data for Pardee Hospital, in response to questions raised by a SHCC member at the August 1, 2007 public hearing

	Pardee C-Section Procedures Performed in Dedicated C-Section Room	Pardee Surgery Cases Performed in Licensed Operating Rooms	Pardee Average Cases per Day for the TEN (10) <u>APPROVED / LICENSED</u> Shared Operating Room*	Pardee Average Cases per Day for the SEVEN (7) <u>STAFFED</u> Shared Operating Rooms	Regulatory Standards for Shared Operating Rooms (cases / room / day)	Licensed Rooms Percentages of the Performance Standard (based on 10 ORs)	Staffed Rooms Percentage of the Performance Standard (based on 7 ORs)
2004-2005	0	6,678	2.57	3.67	3.2	80%	114.7%
2005-2006	0	6,667	2.56	3.66	3.2	80%	114.5%

Pardee completed the project to add four licensed operating rooms during the 2005-06 reporting period. As seen above, Pardee's surgery volume has not increased from the previous year. Using Pardee's staffed beds – which is the

true capacity for Henderson County residents needing surgery – it is clear that there is no additional surgery capacity at either Park Ridge or Pardee. Park Ridge has no information regarding future years' surgery utilization for Pardee Hospital.

Adverse Effects if the Changes Are Not Made

Over time, patients and surgeons have increasingly chosen Park Ridge Hospital which contributes to the shortage of operating room time at the facility. The extended hours of elective surgery is only an interim measure and does not remedy the scheduling back log. Without the requested change, several adverse effects are predicted:

- 1 Diminished patient satisfaction due to scheduling delays
- 2 Greater difficulty in recruiting and retaining surgical nurses
- 3 Increased number of patients leaving Henderson County to obtain surgery

Patients and surgeons often complain about late day / early evening surgery times because the patient has to forego food and drink for an extended period of time. Also, late day ambulatory surgery cases often result in extended recovery periods or an overnight stay that possibly could have been avoided had the procedure been performed in the morning hours.

It is already difficult to recruit surgical nurses. Excessive utilization in too few operating rooms creates more stress for the nursing staff. How long can Park Ridge Hospital maintain positive morale and excellent staff by asking them to work longer hours in the fully booked operating rooms?

In 2006 over 40% of Henderson County's surgical patients left their home county to obtain surgery. This is a hardship for patients and families. In future years, even more patients will be compelled to obtain surgery in other counties.

Alternatives Considered

Park Ridge Hospital has discussed scheduling elective surgery on the weekends but anesthesia coverage would be difficult to arrange and the change in work schedules would probably cause staff turnover. At this time, it is cost prohibitive to staff the operating rooms for weekend elective cases.

Park Ridge Hospital rejects the alternative of maintaining the status quo. Even with the current CON approved project, the addition of one C-section room will not add sufficient surgical capacity for 2009 and later years. As an interim measure, Park Ridge will continue to offer extended hours for elective surgery on weekdays. This arrangement is less than ideal in terms of patient satisfaction.

Park Ridge Hospital chose to petition for an adjusted need determination for one operating room based on the needs of the community. The previously approved surgery renovation project at Park Ridge could simply be modified for an additional operating room. This approach is the most reasonable and cost effective alternative.

Evidence That the Proposed Change Will Not Result in Unnecessary Duplication of Health Resources

The three unstaffed operating rooms at Pardee Hospital are expensive examples of under-utilized healthcare resources. It is highly unusual to have CON regulated healthcare services that are constructed but not staffed and made fully operational.

The purpose of this petition is to seek an adjusted need determination for one additional operating room based on the unique circumstances in Henderson County. The requested change does not represent unnecessary duplication of resources because the unstaffed operating rooms at Pardee are simply inaccessible and should be excluded from the methodology. Similar exclusions

from the 2008 OR methodology are made for chronically under-utilized operating rooms in other facilities.

If given the opportunity, Park Ridge Hospital is committed to pursue and develop an additional full service operating room that will be staffed and made available to the community immediately upon completion of the project. Based on its current high utilization, the requested adjusted need determination for one operating room will not represent unnecessary duplication of healthcare resources specifically at Park Ridge Hospital.

Conclusion

Park Ridge Hospital is an acute care facility that has provided superior medical care with Christian compassion since 1910. Patients and surgeons increasingly choose Park Ridge Hospital over other facilities. As a small community hospital, Park Ridge Hospital has experienced tremendous growth in surgery utilization and should not be unfairly constrained. Approval of our petition for an adjusted need determination for one operating room is entirely justified by the unique circumstances in Henderson County.

Thank you for your consideration of our petition.

Exhibits

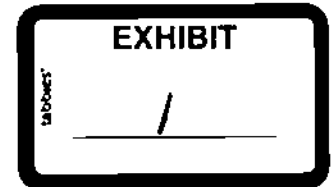
1. Pardee's 2007 License Renewal Application
2. Park Ridge's 2007 License Renewal Application

North Carolina Department of Health and Human Services
Division of Facility Services
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive, 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only
License # H0161 Medicare # 340017
Computer 943324
PC _____ Date _____

License Fee: \$3,325.00

**2007
HOSPITAL LICENSE
RENEWAL APPLICATION**



Legal Identity of Applicant: Henderson County Hospital Corporation
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Margaret R. Pardee Memorial Hospital
Other: Pardee Hospital; Pardee Memorial Hospital
Other: Pardee Memorial Hospital

Facility Mailing Address: 800 North Justice Street
Hendersonville, NC 28791-3518

Facility Site Address: 800 North Justice Street
Hendersonville, NC 28791-3518

County: Henderson
Telephone: (828)696-1000
Fax: (828)696-1128

Administrator/Director: JON SCHURMEYER
Title: PRESIDENT/CEO

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Jon Schurmeier Title: President/CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Michael J. Hansen Telephone: 828-696-1194

E-Mail: mike.hansen@pardeehospital.org

12 27 06
3,325.00
00067042

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Type of Health Care Facilities under the Hospital License

List Name(s) of facilities:	Address:	Type of Business / Service:
Margaret R. Pardee Memorial Hospital	800 N Justice Street	Acute Care
Margaret R. Pardee Psych Unit	800 N Justice Street	Psych

Please attach a separate sheet for additional listings

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Henderson County Hospital Corporation
Federal Employer ID# 562084959
Street/Box: 800 North Justice Street
City: Hendersonville State: NC Zip: 28791-3518
Telephone: (828)696-1000 Fax: (828)696-1128
CEO: Jon Schurmeier, President/CEO

Is your facility part of a Health System? ___ Yes X No

If 'Yes', name of Health System*: _____

* (please attach a list of NC facilities that are part of your Health System)

If 'Yes', name of CEO: _____

- a. Legal entity is: ___ For Profit X Not For Profit
- b. Legal entity is: X Corporation ___ LLP ___ Partnership
___ Proprietorship ___ LLC ___ Government Unit
- c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? X Yes ___ No

If "YES", name of building owner:

Henderson County

2. Is the business operated under a management contract? ___ Yes X No

If 'Yes', name and address of the management company:

Name: _____
Street/Box: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Ownership Disclosure continued...

3. Vice President of Nursing and Patient Care Services:

Sally Davenport, R.N. M.S.N.

4. Director of Planning: N/A

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2005 to September 30, 2006**. If otherwise, please indicate reporting period: _____

B. General Information (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: include responses to "a - r" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	7209	
b. Discharges from Licensed Acute Care Beds: include responses to "a - r" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	7212	
c. Average Daily Census: include responses to "a - r" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	77	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	2364	

C. Designation and Accreditation

1. Are you a designated trauma center? ____ Yes X No

2. Are you a critical access hospital (CAH)? ____ Yes X No

3. Are you a long term care hospital (LTCH)? ____ Yes X No

4. If this facility is accredited by JCAHO or AOA, specify the accrediting body JCAHO and indicate the date of the last survey 12 / 16 / 04.

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 1 of this document.

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2006	Staffed Beds as of September 30, 2006	Annual Census Inpt. Days of Care
<i>Campus Margaret R. Pardee Memorial Hospital</i>			
Intensive Care Units			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	13	8	1634
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	154	107	*** 24577
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	14	14	1525
n. Oncology			
o. Orthopedics			
p. Pediatric	12	12	363
q. Other (List)			
1. Total General Acute Care Beds (a through r)	193 201	141	28099
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	8 0	8	381
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	21	21	6512
7. Nursing Facility	0		
8. Adult Care (Home for the Aged)	0		
9. Other	0		
10. Totals (1 through 9)	222	170	34992

- * Please report only Census Days of Care of DRG's 504, 505, 506, 507, 508, 509, 510 and 511.
- ** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
- *** Exclude swing-bed days. (See swing-bed information next page)

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

* means a hospital designated as a swing-bed hospital by CMS (Centers for Medicare and Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Payer Source	Inpatient Days of Care	Emergency Cases	Outpatient Cases	Same Day Surgery Cases
Charity Care**	169	122	798	39
Commercial Ins. ¹	4137	5624	28053	2978
Medicaid (including HMO)	2835	5806	6516	617
Medicare (including HMO)	18451	9655	46696	3517
Private Pay / Self Pay	1580	7701	4179	170
Other Gov't. ²	534	611	3167	278
Bad Debt				
All other	393	1039	1086	116
TOTAL	28099	30558	90495	7715

** Charity Care Definition: Health care services that never were expected to result in cash inflows. Charity care results from a provider's policy to provide health care services free of charge to individuals who meet certain financial criteria

¹ Commercial Insurance includes all forms of managed care except Medicaid and Medicare HMO's

² Other Government includes Tricare and VA insurance programs

³ Cases which originate from the Emergency Department

F. Services and Facilities

1. Obstetrics	Enter Number
a. Live births (Vaginal Deliveries)	382
b. Live births (Cesarean Section)	156
c. Stillbirths	2
d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	
f. Delivery Rooms - LDRP (include item "n" on Page 4)	7
g. Normal newborn bassinets (Level I Neonatal Services)	10

Do not include with totals under the section entitled Beds by Service (Inpatient)

2. Abortion Services

Number of procedures per Year 0

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

3. Emergency Department Services (cases equal visits to ED)

Number of cases/year: 30558

Does this include fast track/urgent care? ☒ Yes ☐ No.

If "Yes," how many of these are urgent care? 0

	Hours of Operation		Hrs with physician on duty in ER suite	
	From	To	From	To
Monday	24 hours	a day	24 hours	a day
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

4. Medical Air Transport: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? ☐ Yes ☒ No

b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. Pathology and Medical Lab (Check whether or not service is provided)

a. Blood Bank/Transfusion Services ☒ Yes ☐ No

b. Histopathology Laboratory ☒ Yes ☐ No

c. HIV Laboratory Testing ☐ Yes ☒ No

Number during month of September 2005

HIV Serology _____

HIV Culture _____

d. Organ Bank ☐ Yes ☒ No

e. Pap Smear Screening ☐ Yes ☒ No

6. Transplantation Services - Number of transplants

Type	Number	Type	Number
a. Bone Marrow-Allogenic	0	i. Kidney/Liver	0
b. Bone Marrow-Autologous	0	j. Liver	0
c. Cornea	0	k. Lung	0
d. Heart	0	l. Pancreas	0
e. Heart/Lung	0	m. Pancreas/Kidney	0
f. Heart/Liver	0	n. Pancreas/Liver	0
g. Heart/Kidney	0	o. Other	0
h. Kidney	0		0

Do you perform living donor transplants? ☐ Yes ☒ No.

Revised 08/2006

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

7. Specialized Cardiac Services (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 36.01, 36.02, 36.05, 36.06, 36.07, 36.09, 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Equipment	1		
2. Total Annual Number of Cases*	193		
3. Of Total in #2, Number of Patients Age 14 & under	0		
4. Of Total in #2, Number of Cases Performed in Mobile Unit**	0		

* One case is defined to be one visit or trip by a patient to an operating room or catheterization laboratory for a single or multiple procedures or catheterizations. Count each visit once regardless of the number of diagnostic, interventional, and/or EP procedures performed within that visit.

** Please report name of mobile vendor: N/A

Number of operating hours per week on site: N/A

(b) Open Heart Surgery (utilizing heart/lung bypass machines)	
1. Number of Dedicated Open Heart Surgery Operating Rooms	
2. Number of Heart-Lung Bypass Machines	
3. Total Annual Number of Procedures	
4. Of total in #3, Number of Procedures on Patients Age 14 & under	

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

8. Surgical Operating Rooms and Gastrointestinal Endoscopy Rooms with Cases

a) Surgical Operating Rooms and Cases

[1] Please report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Facility Services, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites. Please report the number of cases performed in these rooms during the reporting period. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was in the operating room.

NOTE: If this License includes more than one campus, please submit the Cumulative Totals and COPY this sheet and Submit a duplicate of this page for each campus.

(Campus - If multiple sites: _____)

Type of Room [A]	Number of Rooms [B]	Of the Rooms in Column [B], the number "Not in Use" [C]	Inpatient Cases [D]	Ambulatory Cases [E]
Dedicated Open Heart Surgery (from 7b)	0	0	0	
Dedicated C-Section	0	0	0	
Other Dedicated Inpatient Surgery	0	0	0	
Dedicated Ambulatory Surgery	0	0		0
Shared - Inpatient / Ambulatory Surgery	10	3	2258	4409
Total of Surgical Operating Rooms & Cases (Columns [D] & [E] should equal Totals in 8(d))	10	3	2258	4409

[2] Does this facility have additional surgical operating rooms (i.e., not listed above) that are being developed pursuant to a Certificate of Need or pursuant to the exemption provided in Senate Bill 714? _____ Yes ☒ No

If "Yes," please list the **Types of Rooms and Number of Rooms** being developed:

b) Gastrointestinal Endoscopy Rooms and Cases

[1] Report the number of Gastrointestinal Endoscopy Rooms and the number of cases performed in these rooms during the reporting period. (**NOTE:** Other procedure rooms should be included in **Section 9** on **Page 10** of this application.) Count each patient as one case regardless of the number of gastrointestinal procedures performed while patient was in the GI endoscopy room. For GI Endoscopy Rooms, please also report the Total Number of GI Procedures performed.

Type of Room [A]	Number Of Rooms [B]	Of the Rooms in Column [B], the number "Not in Use" [C]	Inpatient Cases [D]	Ambulatory Cases [E]	Total Number of Procedures [F]
Gastrointestinal Endoscopy Rooms & Cases	3	0	GI: 682 Non GI: 7	GI: 4156 Non GI: 139	GI: 4838 Non GI: 146

[2] Does this facility have additional Gastrointestinal Endoscopy Rooms (i.e., not listed above) that are being developed pursuant to a Certificate of Need or pursuant to the exemption provided in Senate Bill 714? _____ Yes ☒ No

If "Yes," please list the **Number of Rooms** being developed:

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

8. Surgical Operating Rooms and Gastrointestinal Endoscopy Rooms with Cases *continued*

c) Average Room Availability and Average Case Times:

Type of Room	"Resource Hours" * (Average Hours per Room per Day Routinely Scheduled for Use)	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
Surgical Operating Rooms	58	120	90
Gastrointestinal Endoscopy Rooms	24	20	20

* "Resource Hours" = Average number of hours per Room per Day routinely scheduled to be available for performance of procedures. (Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.)

** "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure. For purposes of scheduling and efficiency analysis, this definition is ideal because it includes all of the time that an OR/PR must be reserved for a given procedure.*

d) Surgical Specialty - Of the cases in Surgical Operating Rooms (Item 8.a.[1]), enter the number of cases by surgical specialty area in the chart below:

Specialty Area	Inpatient Cases	Ambulatory Cases
Cesarean Sections	156	
Cystoscopy		
Endoscopy (all endo types performed in Surgical Operating Room)	10	51
General	726	1283
Gynecology	165	321
Neurosurgery		30
Open Heart		
Ophthalmology	5	640
Oral Surgery		68
Orthopedics	1013	1414
Otolaryngology	35	207
Plastic Surgery	79	302
Podiatry	1	7
Thoracic (other than open heart)		
Urology	68	86
Other (Specify)		
Total Surgical Operating Room Cases (Totals should equal totals 8.a[1], columns D & E)	2258	4409

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

9. Non-Gastrointestinal Procedure Rooms and Cases

Please report only rooms or cases not reported in 8a or 8b: Other rooms not equipped or meeting all the specifications for an operating room, dedicated to the performance of procedures other than gastrointestinal endoscopy. (Do not list a room for more than one use). **Please note: Any procedures performed in these rooms should not be billed as having occurred in an operating room or reported in 8 as procedures performed in an operating room. Cases:** Count each patient as one case regardless of the number of procedures performed while patient was in the room.

Use	Number of Rooms	Inpatient Cases	Ambulatory Cases
Cast Procedures			
Cystoscopy	1	66	257
Endoscopies (<i>other than GI Endoscopies</i>) unless they were performed in a surgical operating room			
Lithotripsy			
Special Procedures/Angiography (neuro & vascular but not including cardiac cath.)			
Sutures			
YAG Laser			
Other (Specify)			
Totals	1	66	257

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

10a. Diagnostic Imaging and Lithotripsy Data

Indicate the number of machines/instruments and the number of the following types of procedures performed during the 12-month reporting period at your facility. For Hospitals that operate medical equipment at multiple sites, please provide a separate page for each site.

Imaging							
Fixed Equipment		Number of Units	No. of Procedures		Total	No. of MRI Procedures *	
(Exclude Research & Policy AC-3 Units)			Inpatient	Outpatient		With Contrast or Sedation	Without Contrast or Sedation
CT Scanner	3	4389	13987	18376	4714	2101	6815
MRI	2	509	6306	6815			
Open MRI Scanners included in row above	0						
Mammogram	1	3	10922	10925			
Other radiographic & fluoroscopic (See Note Below)	8	12744	30964	43708			
Mobile Equipment		Number of Units	No. of Procedures		Total	No. of MRI Procedures	
Identify Vendor/Owner in space () below:			Inpatient	Outpatient		With Contrast or Sedation	Without Contrast or Sedation
MRI #1 ()	0	0	0	0	0	0	0
MRI #2 ()	0	0	0	0	0	0	0
CT Scan ()	0	0	0	0			
Nuclear Medicine		Number of Units	No. of Procedures		Total	Note: Totals of MRI inpatients and outpatients should equal MRI totals with and without contrast or sedation	
Fixed Equipment			Inpatient	Outpatient			
Dedicated PET Scanner	0	0	0	0			
Coincidence Camera	0	0	0	0			
SPECT	2	0	0	0			
Gamma Camera Combined	1	567	3544	4111			
Mobile Equipment		Number of Units	No. of Procedures		Total		
Identify Vendor/Owner in space () below:			Inpatient	Outpatient			
Dedicated PET Scanner (Alliance Imag	1	0	113	113			
Coincidence Camera ()	0	0	0	0			
SPECT ()	0	0	0	0			
Gamma Camera ()	0	0	0	0			
Policy AC-3 or Research Equipment		Number of Units	No. of Procedures		Total	No. of Procedures **	
			Inpatient	Outpatient		Clinical	Research
MRI pursuant to Policy AC-3:	0	0	0	0	0	0	0
Other Human Research MRI Scanner	0	0	0	0	0	0	0
PET pursuant to Policy AC-3	0	0	0	0	0	0	0
Other Human Research PET Scanner	0	0	0	0	0	0	0
Lithotripsy		Number of Units	No. of Procedures		Total	Note: Totals of MRI inpatients and outpatients should equal MRI totals for clinical and research procedures	
(Identify Vendor/Owner in space () below:)			Inpatient	Outpatient			
Fixed ()	0	0	0	0			
Mobile (Lithotriptors, inc)	1	0	98	98			

MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **NOTE:** Please Report ALL Angiography procedures on page 10, in Table 9 under Special Procedures/Angiography Rooms.

PET procedure is defined as a single discrete PET scan of a patient (single CPT coded procedure), not counting other radiopharmaceutical or supply charge codes.

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

10b. MRI Procedures by CPT Codes

MRI Procedures by CPT Code		
CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	20
70544	MRA Head w/o	118
70545	MRA Head with contrast	
70546	MRA Head w/o & with	
70547	MRA Neck w/o	1
70548	MRA Neck with contrast	1
70549	MRA Neck w/o & with	57
70551	MRI Brain w/o	163
70552	MRI Brain with contrast	2
70553	MRI Brain w/o & with	1019
7055A	IAC Screening	
71550	MRI Chest w/o	4
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	5
71555	MRA Chest with OR without contrast	2
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	617
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with	38
72146	MRI Thoracic Spine w/o	189
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with	35
72148	MRI Lumbar Spine w/o	1271
72149	MRI Lumbar Spine with contrast	2
72158	MRI Lumbar Spine w/o & with	326
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	189
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	31
72198	MRA Pelvis w/o OR with Contrast	13
73218	MRI Upper Ext. other than joint w/o	21
73219	MRI Upper Ext. other than joint with contrast	
73220	MRI Upper Ext. other than joint w/o & with	11
73221	MRI Upper Ext any joint w/o	786
73222	MRI Upper Ext any joint with contrast	100
73223	MRI Upper Ext any joint w/o & with	8
73225	MRA Upper Ext w/o OR with contrast	
Subtotal		5031

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

10b. MRI Procedures by CPT Codes *continued*. . . .

MRI Procedures by CPT Code		
CPT Code	CPT Description	Number of Procedures
73718	MRI Lower Ext other than joint w/o	102
73719	MRI Lower Ext other than joint with contrast	1
73720	MRI Lower Ext other than joint w/o & with	58
73721	MRI Lower Ext any joint w/o	1204
73722	MRI Lower Ext any joint with contrast	4
73723	MRI Lower Ext any joint w/o & with	11
73725	MRA Lower Ext w/o OR with contrast	14
74181	MRI Abdomen w/o	139
74182	MRI Abdomen with contrast	
74183	MRI Abdomen w/o & with	72
74185	MRA Abdomen w/o OR with contrast	56
75552	MRI Cardiac Morphology w/o	
75553	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
76093	MRI Breast, unilateral w/o and/or with contrast	2
76094	MRI Breast, bilateral w/o and/or with contrast	78
76125	Cineradiography to complement exam	
76375	MRI 3-D Reconstruction	41
76390	MRI Spectroscopy	2
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
Total Number of Procedures		6815

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

11. Radiation Oncology Treatment Data

CPT Code	Description	Number of Procedures	ESTVs/ Procedures Under ACR	Total ACR ESTVs	
	Simple Treatment Delivery:				
77401	Radiation treatment delivery		1.00		
77402	Radiation treatment delivery (<=5 MeV)		1.00		
77403	Radiation treatment delivery (6-10 MeV)	65	1.00		
77404	Radiation treatment delivery (11-19 MeV)	9	1.00		
77406	Radiation treatment delivery (>=20 MeV)		1.00		
	Intermediate Treatment Delivery:				
77407	Radiation treatment delivery (<=5 MeV)		1.00		
77408	Radiation treatment delivery (6-10 MeV)	8	1.00		
77409	Radiation treatment delivery (11-19 MeV)		1.00		
77411	Radiation treatment delivery (>=20 MeV)		1.00		
	Complex Treatment Delivery:				
77412	Radiation treatment delivery (<=5 MeV)		1.00		
77413	Radiation treatment delivery (6-10 MeV)	2343	1.00		
77414	Radiation treatment delivery (11-19 MeV)	3340	1.00		
77416	Radiation treatment delivery (>= 20 MeV)		1.00		
	Sub-Total	5765			

For the increased time required for special techniques, ESTV values are indicated below:

77417	Additional field check radiographs	1048	.50		
77418	Intensity modulated radiation treatment (IMRT) delivery	302	1.00		
77432	Stereotactic radiosurg. treatment mgmt. Linear Accelerator		3.00		
77432	Stereotactic radiosurg. Treatment mgmt. Gamma Knife		3.00		
	Total body irradiation		2.50		
	Hemibody irradiation		2.00		
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)		10.00		
	Neutron and proton radiation therapy		2.00		
	Limb salvage irradiation		1.00		
	Pediatric Patient under anesthesia		1.50		
	Sub-Total	1350			
	TOTALS:	7115			

Note: For special techniques, list procedures under both the treatment delivery and the special techniques sections

12. Radiation Oncology Treatment Data *continued*

12. Telemedicine

- 13. Additional Services:**

- Number of Acute Dialysis Stations
- 0

- Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

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All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

13. Additional Services: continued

c) Mental Health and Substance Abuse

1. If psychiatric care has a different name than the hospital, please indicate:

2. If address is different than the hospital, please indicate:

3. Director of the above services.

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Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.						
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	Hospital				21	21

Room#'s 301, 302, 303, 304, 305, 306, 307, 308, 309
 310, 311, 312, 314

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

13. Additional Services: continued

c) Mental Health and Substance Abuse continued

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers						
.3200 Social setting detoxification for substance abusers						
.3300 Outpatient detoxification for substance abusers						
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
.3500 Outpatient facilities for individuals with substance abuse disorders						
.3600 Outpatient narcotic addiction treatment						
.3700 Day treatment facilities for individuals with substance abuse disorders						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds <u>8</u>	2nd Floor Hospital				8	8

Bed #'s 241,242,243,244,245,246,247,248

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin -General Acute Care Inpatient Services

Facility County: Henderson

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham	1	74. Pitt	
3. Alleghany	1	39. Granville		75. Polk	359
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	67	80. Rowan	1
9. Bladen		45. Henderson	5934	81. Rutherford	103
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	169	47. Hoke		83. Scotland	
12. Burke	2	48. Hyde		84. Stanly	1
13. Cabarrus		49. Iredell	1	85. Stokes	2
14. Caldwell	2	50. Jackson	23	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	310
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	1
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	4	56. Macon	6	92. Wake	5
21. Chowan		57. Madison	9	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	8	59. McDowell	4	95. Watauga	6
24. Columbus		60. Mecklenburg	6	96. Wayne	
25. Craven	1	61. Mitchell		97. Wilkes	2
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	1
29. Davidson		65. New Hanover	2		
30. Davie	1	66. Northampton		101. Georgia	10
31. Duplin		67. Onslow		102. South Carolina	61
32. Durham	1	68. Orange		103. Tennessee	6
33. Edgecombe		69. Pamlico		104. Virginia	7
34. Forsyth		70. Pasquotank		105. Other States	87
35. Franklin		71. Pender		106. Other	
36. Gaston	4	72. Perquimans		Total No. of Patients	7209

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin – Inpatient Surgical Cases – Excluding GI Endoscopy Cases (In Dedicated Inpatient or Shared Operating Rooms)

Facility County: Henderson

In an effort to document patterns of "Inpatient" utilization of Surgical Operating Rooms in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient "once" regardless of the number of surgical procedures performed while the patient was in the operating room. However, each admission as an inpatient operating room patient should be reported separately.

The "Total" from this chart should match the "Total" reported in the **Inpatient Cases** "Column D" in the Table under 8(a), page 8.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	154
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	15	80. Rowan	
9. Bladen		45. Henderson	1740	81. Rutherford	55
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	61	47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	1
13. Cabarrus		49. Iredell		85. Stokes	1
14. Caldwell	1	50. Jackson	2	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	140
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison	4	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	3	59. McDowell	3	95. Watauga	
24. Columbus		60. Mecklenburg	2	96. Wayne	
25. Craven	1	61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	36
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	3
34. Forsyth		70. Pasquotank		105. Other States	28
35. Franklin		71. Pender		106. Other	
36. Gaston	2	72. Perquimans		Total No. of Patients	2258

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin – Ambulatory Surgical Cases – Excluding GI Endoscopy Cases (In Dedicated Ambulatory or Shared Operating Rooms)

Facility County: Henderson

In an effort to document patterns of "Ambulatory" utilization of Surgical Operating Rooms in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient "once" regardless of the number of procedures performed while the patient was in the operating room. However, each admission as an ambulatory operating room patient should be reported separately.

The "Total" from this chart should match the "Total" reported in the **Ambulatory Cases**, "Column E" in the Table under 8(a), page 8.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	192
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	18	80. Rowan	
9. Bladen		45. Henderson	3672	81. Rutherford	42
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	123	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson	2	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	287
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	3	56. Macon	3	92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell	5	95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	3	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	4
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	5
31. Duplin		67. Onslow		102. South Carolina	31
32. Durham		68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	18
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	4409

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases – (Performed In Gastrointestinal Endoscopy Rooms)

Facility County: Henderson

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Rooms in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient "once" regardless of the number of procedures performed while the patient was in the Gastrointestinal Endoscopy Room. However, each admission as a GI Endoscopy Room patient should be reported separately.

The "Total" from this chart should match the Combined Total reported as **Gastrointestinal Endoscopy Cases**, "Column D" plus "Column E" in the Table under 8(b), page 8.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany	1	39. Granville		75. Polk	272
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	1	80. Rowan	1
9. Bladen		45. Henderson	4206	81. Rutherford	109
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	106	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson	2	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	230
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	3	56. Macon		92. Wake	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	2	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery	4	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	4
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	2
31. Duplin		67. Onslow		102. South Carolina	19
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	15
35. Franklin		71. Pender		106. Other	
36. Gaston	1	72. Perquimans		Total No. of Patients	4984

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Henderson

Complete the following table below for inpatient Days of Care reported under Section .5200

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander									
Alleghany									
Anson									
Ashe									
Avery		1	1						
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe		123	123					11	11
Burke		1	1						
Cabarrus									
Caldwell									
Camden									
Carteret									
Caswell									
Catawba		1	1						
Chatham									
Cherokee		9	9					1	1
Chowan									
Clay									
Cleveland		1	1						
Columbus									
Craven									
Cumberland									
Currituck									
Dare									
Davidson									
Davis									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin									
Gaston									
Gates									
Graham		3	3						
Granville									
Greene									
Guilford									
Habifax									
Harnett		1	1						
Haywood		17	17					2	2
Henderson		547	547					50	50
Hertford									
Hoke									
Hyde									
Iredell									
Jackson		10	10					1	1
Johnston									

** Note: See counties Jones through Yancey (including Out-of-State) on next page

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Henderson

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln									
Macon		15	15					1	1
Madison		17	17					2	2
Martin									
McDowell		1	1						
Mecklenburg		5	5					1	1
Mitchell									
Montgomery									
Moore									
Nash									
New Hanover									
Northampton		2	2						
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person									
Pitt									
Polk		43	43					4	4
Randolph									
Richmond									
Robeson									
Rockingham									
Rowan									
Rutherford		22	22					2	2
Sampson									
Scotland									
Stanly									
Stokes									
Surry									
Swain		4	4						
Transylvania		61	61					6	6
Tyrrell									
Union		1	1						
Yancey									
Wake									
Warren									
Washington									
Watauga		2	2						
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey		8	8					1	1
Out of State		34	34					3	3
TOTALS			930						85

** Note: See counties Alamance through Johnston on previous page

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin - MRI Services

Facility County: Henderson

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. Patients served include patients receiving MRI procedures reported in Table 10a of this application (page 11).

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham	1	74. Pitt	
3. Alleghany		39. Granville		75. Polk	312
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood	20	80. Rowan	
9. Bladen		45. Henderson	4970	81. Rutherford	78
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe	134	47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	2	85. Stokes	
14. Caldwell	2	50. Jackson	6	86. Surry	
15. Camden		51. Johnston	1	87. Swain	1
16. Carteret		52. Jones		88. Transylvania	243
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	2	56. Macon	3	92. Wake	3
21. Chowan		57. Madison	8	93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	6	59. McDowell	3	95. Watauga	
24. Columbus		60. Mecklenburg	3	96. Wayne	1
25. Craven		61. Mitchell	1	97. Wilkes	1
26. Cumberland	1	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	3
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	6
31. Duplin		67. Onslow		102. South Carolina	34
32. Durham	1	68. Orange	1	103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	4
34. Forsyth		70. Pasquotank		105. Other States	44
35. Franklin		71. Pender		106. Other	1
36. Gaston	3	72. Perquimans		Total No. of Patients	5907

Mobile Services: True _____ or False X

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin - Radiation Oncology Treatment

Facility County: Henderson

In an effort to document patterns of utilization of Radiation Oncology Treatment in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of treatments. Patients reported should be patients receiving [linac] procedures listed in Section 11 of this application. **Please count each patient only once.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	40
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	179	81. Rutherford	9
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	16	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson	3	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	20
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	1
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	11
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	9
35. Franklin		71. Pender		106. Other	1
36. Gaston		72. Perquimans		Total No. of Patients	291

All responses should pertain to **October 1, 2005 through September 30, 2006**. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin – PET Scanner

Facility County: Henderson

In an effort to document patterns of utilization of PET Scanner in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	7
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	75	81. Rutherford	4
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	3	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	6
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	3
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	3
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	101

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Facility Services prior to the issuance of a 2007 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2007 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: _____

Date: 12/14/06

PRINT NAME

OF APPROVING OFFICIAL

L. Jon Schurmeier

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Facility Services, prior to the issuance of a hospital license.

North Carolina Department of Health and Human Services
Division of Facility Services
Acute and Home Care Licensure and Certification Section
1205 Unstead Drive, 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only

License # H0019

Module # 340023

Computer # 043388

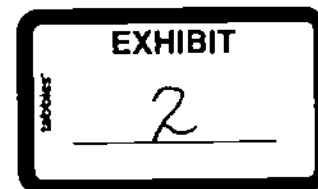
PC # 25

Date 11/14/06

License Fee:

\$1,737.50

2007
HOSPITAL LICENSE
RENEWAL APPLICATION



Legal Identity of Applicant: Fletcher Hospital, Incorporated

(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service)

Doing Business As

(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Park Ridge Hospital

Other: _____

Other: _____

Facility Mailing Address: P O Box 1569
Fletcher, NC 28732

Facility Site Address: ~~Naples Rd~~ 100 Hospital Drive
~~Fletcher, NC 28732~~ Hendersonville, NC 28792

County: Henderson

Telephone: (828)684-8501

Fax: (828)687-0729

Administrator/Director: ~~Michael J. Schulze~~ Jim Bunch

Title: Administrator

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Jim Bunch Title: President & CEO

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Myriam L. Schulze Telephone: 828-681-2102

E-Mail: myriam.schulze@ahss.org

PAID	
Date	11 / 14 / 06
Amount \$	1,737.50
Check <u>237686</u>	Cash Other

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Type of Health Care Facilities under the Hospital License

List Name(s) of facilities:	Address:	Type of Business / Service:

Please attach a separate sheet for additional listings

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner: Fletcher Hospital, Incorporated
Federal Employer ID# 56-0543246
Street/Box: P O Box 1569
City: Fletcher State: NC Zip: 28732
Telephone: (828)684-8501 Fax: (828)687-0729
CEO: Michael H. Schultz

Is your facility part of a Health System? ☒ Yes ☐ No

If 'Yes', name of Health System*: Adventist Health System

* (please attach a list of NC facilities that are part of your Health System)

If 'Yes', name of CEO: Donald Jernigan, Ph.D.

- a. Legal entity is: ☐ For Profit ☒ Not For Profit
- b. Legal entity is: ☒ Corporation ☐ LLP ☐ Partnership
☐ Proprietorship ☐ LLC ☐ Government Unit
- c. Does the above entity (partnership, corporation, etc.) LEASE the building from which services are offered? ☐ Yes ☒ No

If "YES", name of building owner:

2. Is the business operated under a management contract? ☐ Yes ☒ No

If 'Yes', name and address of the management company.

Name: _____
Street/Box: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Ownership Disclosure continued. . .

3. Vice President of Nursing and Patient Care Services:

Karen Owensby, RN, MSN, Vice President of Clinical Services

4. Director of Planning: Bruce Berghern, Vice President of Business Development

Facility Data

A. **Reporting Period** All responses should pertain to the period **October 1, 2005 to September 30, 2006**. If otherwise, please indicate reporting period: _____

B. **General Information** (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: include responses to "a - r" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	3,357	
b. Discharges from Licensed Acute Care Beds: include responses to "a - r" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	3,291	
c. Average Daily Census: include responses to "a - r" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	34	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No X
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	928	

C. Designation and Accreditation

1. Are you a designated trauma center? ____ Yes X No
2. Are you a critical access hospital (CAH)? ____ Yes X No
3. Are you a long term care hospital (LTCH)? ____ Yes X No
4. If this facility is accredited by JCAHO or AOA, specify the accrediting body JCAHO, and indicate the date of the last survey 05 / 19 / 06 AOA: 04/21/04

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 4) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below)	Licensed Beds as of September 30, 2006	Staffed Beds as of September 30, 2006	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
Intensive Care Units			
a. Burn *			*
b. Cardiac (Combined ICU/CCU/telemetry)	14	14	3378
c. Cardiovascular Surgery			
d. Medical/Surgical			
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	40	40	*** 7751
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)	8	8	1281
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other (List)			
1. Total General Acute Care Beds (a through r)	62	62	12,410
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	41	36	12,395
7. Nursing Facility	0		
8. Adult Care (Home for the Aged)	0		
9. Other	0		
10. Totals (1 through 9)	103	98	24,805

- * Please report only Census Days of Care of DRG's 504, 505, 506, 507, 508, 509, 510 and 511.
- ** Per C.O.N. rule definition. Refer to Section 1400 entitled Neonatal Services. (10A NCAC 14C)
- *** Exclude swing-bed days. (See swing-bed information next page)

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

D. Beds by Service (Inpatient) continued

Number of Swing Beds *	**
Number of Skilled Nursing days in Swing Beds	818
Number of unlicensed observation beds	

* means a hospital designated as a swing-bed hospital by CMS (Centers for Medicare and Medicaid Services)

** There are 48 dual purpose beds, which include medical, surgical beds.

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Payer Source	Inpatient Days of Care	Emergency Cases	Outpatient Cases	Same Day Surgery Cases
Charity Care**				
Commercial Ins. ¹	2,348	4,585	15,576	2,103
Medicaid (including HMO)	1,608	3,242	3,034	419
Medicare (including HMO)	7,771	3,983	11,686	2,423
Private Pay / Self Pay	537	3,803	995	220
Other Gov't. ²	146	165	944	62
Bad Debt				
All other				
TOTAL	12,410	15,778	32,235	5,227

** Charity Care Definition: Health care services that never were expected to result in cash inflows. Charity care results from a provider's policy to provide health care services free of charge to individuals who meet certain financial criteria.

¹ Commercial Insurance includes all forms of managed care except Medicaid and Medicare HMO's.

² Other Government includes Tricare and VA insurance programs.

³ Cases which originate from the Emergency Department.

F. Services and Facilities

1. Obstetrics	Enter Number
a. Live births (Vaginal Deliveries)	364
b. Live births (Cesarean Section)	192
c. Stillbirths	2
d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	4
f. Delivery Rooms - LDRP (include Item "n" on Page 4)	0
g. Normal newborn bassinets (Level I Neonatal Services)	
Do not include with totals under the section entitled Beds by Service (Inpatient)	8

2. Abortion Services

Number of procedures per Year 0

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

3. Emergency Department Services (cases equal visits to ED)

Number of cases/year: 13,987

Does this include fast track/urgent care? Yes ☒ No

If "Yes," how many of these are urgent care? _____

	Hours of Operation		Hrs with physician on duty in ER suite	
	From	To	From	To
Monday		24 hours		24 hours
Tuesday		"		"
Wednesday		"		"
Thursday		"		"
Friday		"		"
Saturday		"		"
Sunday		"		"

4. Medical Air Transport: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? Yes ☒ No

b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary				
Fixed Wing				

5. Pathology and Medical Lab (Check whether or not service is provided)

a. Blood Bank/Transfusion Services X Yes No

b. Histopathology Laboratory X Yes No

c. HIV Laboratory Testing X Yes No

Number during month of September 2005

HIV Serology _____

HIV Culture _____

**Screening test for employee exposures only.

d. Organ Bank Yes ☒ No

e. Pap Smear Screening X Yes No

6. Transplantation Services - Number of transplants

Type	Number	Type	Number
a. Bone Marrow-Allogenic		i. Kidney/Liver	
b. Bone Marrow-Autologous		j. Liver	
c. Cornea	2	k. Lung	
d. Heart		l. Pancreas	
e. Heart/Lung		m. Pancreas/Kidney	
f. Heart/Liver		n. Pancreas/Liver	
g. Heart/Kidney		o. Other	
h. Kidney			

Do you perform living donor transplants? Yes ☒ No

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 1 of this document.

7. Specialized Cardiac Services (for questions, call 855-3865 [Medical Facilities Planning])

(a) Cardiac Catheterization	Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25	Interventional Cardiac Catheterization- ICD-9 36.01, 36.02, 36.05, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96	Electro-physiology 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54
1. Number of Units of Equipment			
2. Total Annual Number of Cases*			
3. Of Total in #2, Number of Patients Age 14 & under			
4. Of Total in #2, Number of Cases Performed in Mobile Unit**			

* One case is defined to be one visit or trip by a patient to an operating room or catheterization laboratory for a single or multiple procedures or catheterizations. Count each visit once regardless of the number of diagnostic, interventional, and/or EP procedures performed within that visit.

** Please report name of mobile vendor: _____

Number of operating hours per week on site: _____

(b) Open Heart Surgery (utilizing heart/lung bypass machines)	
1. Number of Dedicated Open Heart Surgery Operating Rooms	
2. Number of Heart-Lung Bypass Machines	
3. Total Annual Number of Procedures	
4. Of total in #3, Number of Procedures on Patients Age 14 & under	

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

8. Surgical Operating Rooms and Gastrointestinal Endoscopy Rooms with Cases

a) Surgical Operating Rooms and Cases

[1] Please report Surgical Operating Rooms built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Facility Services, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites. Please report the number of cases performed in these rooms during the reporting period. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was in the operating room.

NOTE: If this License includes more than one campus, please submit the Cumulative Totals and COPY this sheet and Submit a duplicate of this page for each campus.

(Campus – If multiple sites: _____)

Type of Room [A]	Number of Rooms [B]	Of the Rooms in Column [B], the number "Not in Use" [C]	Inpatient Cases [D]	Ambulatory Cases [E]
Dedicated Open Heart Surgery (from 7b)				
Dedicated C-Section				
Other Dedicated Inpatient Surgery				
Dedicated Ambulatory Surgery				
Shared - Inpatient / Ambulatory Surgery	6	0	1,348	4,536
Total of Surgical Operating Rooms & Cases (Columns [D] & [E] should equal Totals in 8(d))	6	0	1,348	4,536

[2] Does this facility have additional surgical operating rooms (i.e., not listed above) that are being developed pursuant to a Certificate of Need or pursuant to the exemption provided in Senate Bill 714? _____ Yes X No

If "Yes," please list the **Types of Rooms** and **Number of Rooms** being developed:

b) Gastrointestinal Endoscopy Rooms and Cases

[1] Report the number of Gastrointestinal Endoscopy Rooms and the number of cases performed in these rooms during the reporting period. (**NOTE:** Other procedure rooms should be included in **Section 9** on **Page 10** of this application.) Count each patient as one case regardless of the number of gastrointestinal procedures performed while patient was in the GI endoscopy room. For GI Endoscopy Rooms, please also report the Total Number of GI Procedures performed.

Type of Room [A]	Number Of Rooms [B]	Of the Rooms in Column [B], the number "Not in Use" [C]	Inpatient Cases [D]	Ambulatory Cases [E]	Total Number of Procedures [F]
Gastrointestinal Endoscopy Rooms & Cases	1	0	GI: 189 Non GI: 8	GI: 712 Non GI: 103	GI: 901 Non GI: 111

[2] Does this facility have additional Gastrointestinal Endoscopy Rooms (i.e., not listed above) that are being developed pursuant to a Certificate of Need or pursuant to the exemption provided in Senate Bill 714? _____ Yes X No

If "Yes," please list the **Number of Rooms** being developed:

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

8. Surgical Operating Rooms and Gastrointestinal Endoscopy Rooms with Cases *continued*

c) Average Room Availability and Average Case Times:

Type of Room	"Resource Hours" * (Average Hours per Room per Day Routinely Scheduled for Use)	Average "Case Time" ** in Minutes for Inpatient Cases	Average "Case Time" ** in Minutes for Ambulatory Cases
Surgical Operating Rooms	8	90	60
Gastrointestinal Endoscopy Rooms	4	30	30

* "Resource Hours" - Average number of hours per Room per Day routinely scheduled to be available for performance of procedures. (Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day)

** "Case Time" = Time from Room Set-up Start to Room Clean-up Finish. Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure. For purposes of scheduling and efficiency analysis, this definition is ideal because it includes all of the time that an OR/PR must be reserved for a given procedure.

d) Surgical Specialty - Of the cases in Surgical Operating Rooms (Item 8.a.11), enter the number of cases by surgical specialty area in the chart below:

Specialty Area	Inpatient Cases	Ambulatory Cases
Cesarean Sections	192	
Cystoscopy		
Endoscopy (all endo types performed in Surgical Operating Room)		
General	274	547
Gynecology	176	146
Neurosurgery/Spine	199	392
Open Heart		
Ophthalmology	2	1,370
Oral Surgery		19
Orthopedics	379	1,475
Otolaryngology	10	147
Plastic Surgery		
Podiatry	2	21
Thoracic (other than open heart)		3
Urology	94	374
Other (Specify) Cardiology/Oncology/vascular	20	45
Total Surgical Operating Room Cases (Totals should equal totals 8.a.11, columns D & E)	1,348	4,536

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

9. Non-Gastrointestinal Procedure Rooms and Cases

Please report only rooms or cases not reported in 8a or 8b: Other rooms not equipped or meeting all the specifications for an operating room, dedicated to the performance of procedures other than gastrointestinal endoscopy. (Do not list a room for more than one use). **Please note: Any procedures performed in these rooms should not be billed as having occurred in an operating room or reported in 8 as procedures performed in an operating room.** Cases: Count each patient as one case regardless of the number of procedures performed while patient was in the room.

Use	Number of Rooms	Inpatient Cases	Ambulatory Cases
Cast Procedures			
Cystoscopy			
Endoscopies (<i>other than GI Endoscopies</i>) unless they were performed in a surgical operating room			
Lithotripsy			
Special Procedures/Angiography (neuro & vascular but not including cardiac cath.)			
Sutures			
YAG Laser			
Other (Specify)			
Totals			

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

10a. Diagnostic Imaging and Lithotripsy Data

Indicate the number of machines/instruments and the number of the following types of procedures performed during the 12-month reporting period at your facility. For Hospitals that operate medical equipment at multiple sites, please provide a separate page for each site.

Imaging							
Fixed Equipment	Number of Units	No. of Procedures		Total	No. of MRI Procedures *		Total
(Exclude Research & Policy AC-3 Units)		Inpatient	Outpatient		With Contrast or Sedation	Without Contrast or Sedation	
CT Scanner	1	1,908	6,391	8,299	149	1,418	1,567
MRI Skyland	1		1,567	1,567			
Open MRI Scanners included in row above							
Mammogram	1	2,815	29	2,844			
Other radiographic & fluoroscopic (See Note Below)					No. of MRI Procedures		
					With Contrast or Sedation	Without Contrast or Sedation	Total
Mobile Equipment	Number of Units	No. of Procedures		Total			Total
Identify Vendor/Owner in space () below:		Inpatient	Outpatient		With Contrast or Sedation	Without Contrast or Sedation	
MRI #1 (GE LX EchoSpeed)	1						
MRI #2 ()							
CT Scan ()							
Nuclear Medicine	Number of Units	No. of Procedures		Total	Note: Totals of MRI inpatients and outpatients should equal MRI totals with and without contrast or sedation		
(Fixed Equipment)		Inpatient	Outpatient				
Dedicated PET Scanner							
Coincidence Camera							
SPECT							
Gamma Camera /Spect	1	726	1291	2,017			
Mobile Equipment	Number of Units	No. of Procedures		Total			
Identify Vendor/Owner in space () below:		Inpatient	Outpatient				
Dedicated PET Scanner (Alliance Imaging)	1		92	92			
Coincidence Camera ()							
SPECT ()							
Gamma Camera ()							
Policy AC-3 or Research Equipment	Number of Units	No. of Procedures		Total	No. of Procedures **		Total
(MRI pursuant to Policy AC-3:		Inpatient	Outpatient		Clinical	Research	
Other Human Research MRI Scanner							
PET pursuant to Policy AC-3							
Other Human Research PET Scanner							
Lithotripsy	Number of Units	No. of Procedures		Total	Note: Totals of MRI inpatients and outpatients should equal MRI totals for clinical and research procedures		
(Identify Vendor/Owner in space () below:		Inpatient	Outpatient				
Fixed ()							
Mobile (Prime Medical)		0	5	5			

MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom. **NOTE:** Please Report ALL Angiography procedures on page 10, in Table 9 under Special Procedures/Angiography Rooms.

PET procedure is defined as a single discrete PET scan of a patient (single CPT coded procedure), not counting other radiopharmaceutical or supply charge codes.

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

10b. MRI Procedures by CPT Codes

MRI Procedures by CPT Code		
CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	
70544	MRA Head w/o	48
70545	MRA Head with contrast	
70546	MRA Head w/o & with	2
70547	MRA Neck w/o	1
70548	MRA Neck with contrast	
70549	MRA Neck w/o & with	14
70551	MRI Brain w/o	160
70552	MRI Brain with contrast	
70553	MRI Brain w/o & with	459
7055A	IAC Screening	
71550	MRI Chest w/o	7
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	9
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	360
72142	MRI Cervical Spine with contrast	
72156	MRI Cervical Spine w/o & with	41
72146	MRI Thoracic Spine w/o	69
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with	32
72148	MRI Lumbar Spine w/o	379
72149	MRI Lumbar Spine with contrast	
72158	MRI Lumbar Spine w/o & with	107
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	24
72196	MRI Pelvis with contrast	1
72197	MRI Pelvis w/o & with	30
72198	MRA Pelvis w/o OR with Contrast	1
73218	MRI Upper Ext, other than joint w/o	11
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	8
73221	MRI Upper Ext any joint w/o	168
73222	MRI Upper Ext any joint with contrast	36
73223	MRI Upper Ext any joint w/o & with	5
73225	MRA Upper Ext w/o OR with contrast	
Subtotal		1,980

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

10b. MRI Procedures by CPT Codes *continued.*

MRI Procedures by CPT Code		
CPT Code	CPT Description	Number of Procedures
73718	MRI Lower Ext other than joint w/o	33
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	43
73721	MRI Lower Ext any joint w/o	308
73722	MRI Lower Ext any joint with contrast	6
73723	MRI Lower Ext any joint w/o & with	15
73725	MRA Lower Ext w/o OR with contrast	1
74181	MRI Abdomen w/o	38
74182	MRI Abdomen with contrast	
74183	MRI Abdomen w/o & with	24
74185	MRA Abdomen w/o OR with contrast	17
75552	MRI Cardiac Morphology w/o	
75553	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
76093	MRI Breast, unilateral w/o and/or with contrast	
76094	MRI Breast, bilateral w/o and/or with contrast	49
76125	Cineradiography to complement exam	
76375	MRI 3-D Reconstruction	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
	Total Number of Procedures	2,514

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise indicate the actual reporting period used on Page 3 of this document.

10b. MRI Procedures by CPT Codes SKYLAND FIXED MRI

MRI Procedures by CPT Code		
CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	2
70540	MRI Orbit/Face/Neck w/o	
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	1
70544	MRA Head w/o	12
70545	MRA Head with contrast	
70546	MRA Head w/o & with	
70547	MRA Neck w/o	
70548	MRA Neck with contrast	
70549	MRA Neck w/o & with	
70551	MRI Brain w/o	1
70552	MRI Brain with contrast	38
70553	MRI Brain w/o & with	1
7055A	IAC Screening	27
71550	MRI Chest w/o	
71551	MRI Chest with contrast	2
71552	MRI Chest w/o & with	
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	163
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with	10
72146	MRI Thoracic Spine w/o	46
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with	1
72148	MRI Lumbar Spine w/o	313
72149	MRI Lumbar Spine with contrast	
72158	MRI Lumbar Spine w/o & with	88
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	26
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	3
72198	MRA Pelvis w/o OR with Contrast	
73218	MRI Upper Ext, other than joint w/o	13
73219	MRI Upper Ext, other than joint with contrast	1
73220	MRI Upper Ext, other than joint w/o & with	
73221	MRI Upper Ext any joint w/o	224
73222	MRI Upper Ext any joint with contrast	
73223	MRI Upper Ext any joint w/o & with	
73225	MRA Upper Ext w/o OR with contrast	
	Subtotal	973

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

10b. MRI Procedures by CPT Codes *continued*

MRI Procedures by CPT Code		
CPT Code	CPT Description	Number of Procedures
73718	MRI Lower Ext other than joint w/o	34
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	7
73721	MRI Lower Ext any joint w/o	544
73722	MRI Lower Ext any joint with contrast	1
73723	MRI Lower Ext any joint w/o & with	5
73725	MRA Lower Ext w/o OR with contrast	
74181	MRI Abdomen w/o	1
74182	MRI Abdomen with contrast	
74183	MRI Abdomen w/o & with	1
74185	MRA Abdomen w/o OR with contrast	1
75552	MRI Cardiac Morphology w/o	
75553	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
76093	MRI Breast, unilateral w/o and/or with contrast	
76094	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76375	MRI 3-D Reconstruction	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
Total Number of Procedures		1,567

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

11. Radiation Oncology Treatment Data

CPT Code	Description	Number of Procedures	ESTVs/ Procedures Under ACR	Total ACR ESTVs	
	<i>Simple Treatment Delivery:</i>				
77401	Radiation treatment delivery		1.00		
77402	Radiation treatment delivery (<=5 MeV)		1.00		
77403	Radiation treatment delivery (6-10 MeV)		1.00		
77404	Radiation treatment delivery (11-19 MeV)		1.00		
77406	Radiation treatment delivery (>=20 MeV)		1.00		
	<i>Intermediate Treatment Delivery:</i>				
77407	Radiation treatment delivery (<=5 MeV)		1.00		
77408	Radiation treatment delivery (6-10 MeV)		1.00		
77409	Radiation treatment delivery (11-19 MeV)		1.00		
77411	Radiation treatment delivery (>=20 MeV)		1.00		
	<i>Complex Treatment Delivery:</i>				
77412	Radiation treatment delivery (<=5 MeV)		1.00		
77413	Radiation treatment delivery (6-10 MeV)		1.00		
77414	Radiation treatment delivery (11-19 MeV)		1.00		
77416	Radiation treatment delivery (>= 20 MeV)		1.00		
	Sub-Total				

For the increased time required for special techniques, ESTV values are indicated below:

77417	Additional field check radiographs		.50		
77418	Intensity modulated radiation treatment (IMRT) delivery		1.00		
77432	Stereotactic radiosurg. treatment mgmt. Linear Accelerator		3.00		
77432	Stereotactic radiosurg. Treatment mgmt. Gamma Knife		3.00		
	Total body irradiation		2.50		
	Hemibody irradiation		2.00		
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)		10.00		
	Neutron and proton radiation therapy		2.00		
	Limb salvage irradiation		1.00		
	Pediatric Patient under anesthesia		1.50		
	Sub-Total				
	TOTALS:				

Note: For special techniques, list procedures under both the treatment delivery and the special techniques sections.

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

12. Radiation Oncology Treatment Data *continued*

a.	Number of unduplicated <u>patients</u> who receive a course of radiation oncology treatments (patients shall be counted more than once if they receive additional courses of treatment)	
b.	Total number of Linear Accelerator(s)	
c.	Number of Linear Accelerators configured for stereotactic radiosurgery	

12. 'Telemedicine

- a. Does your facility utilize telemedicine to have images read at another facility? YES
- b. Does your facility read telemedicine images? NO

13. Additional Services:

- a) Check if Service(s) is provided:

	Check		Check
1. Cardiac Rehab Program (Outpatient)	X	5. Rehabilitation Outpatient Unit	X
2. Chemotherapy	X	6. Podiatric Services	X
3. Clinical Psychology Services		7. Genetic Counseling Service	
4. Dental Services		8. Acute Dialysis	

Number of Acute Dialysis Stations _____

- b) Hospice Inpatient Unit Data:**

Hospital-based hospice units with licensed hospice beds. List each county served and report all patients by county of residence. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. For age categories count each inpatient client only once.

[illegible]

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

13. Additional Services: *continued*

c) Mental Health and Substance Abuse

1. If psychiatric care has a different name than the hospital, please indicate:

Hope Behavioral Health Services

2. If address is different than the hospital, please indicate:

3. Director of the above services.

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Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules For Mental Health Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.	In-Patient					
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness						
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness						
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances						
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	PRH				41	41

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
3100 Nonhospital medical detoxification for individuals who are substance abusers						
3200 Social setting detoxification for substance abusers						
3300 Outpatient detoxification for substance abusers						
3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders						
3500 Outpatient facilities for individuals with substance abuse disorders						
3600 Outpatient narcotic addiction treatment						
3700 Day treatment facilities for individuals with substance abuse disorders						

Rule 10A NCAC 13B Licensure Rules For Hospitals	Location of Services	Beds Assigned by Age				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____						

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin -General Acute Care Inpatient Services

Facility County: Henderson

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham	2	74. Pitt	
3. Alleghany		39. Granville		75. Polk	80
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	64	80. Rowan	2
9. Bladen		45. Henderson	2,462	81. Rutherford	55
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	840	47. Hoke		83. Scotland	
12. Burke	21	48. Hyde		84. Stanly	
13. Cabarrus	2	49. Iredell		85. Stokes	
14. Caldwell	3	50. Jackson	26	86. Surry	
15. Camden		51. Johnston		87. Swain	6
16. Carteret		52. Jones		88. Transylvania	75
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	3	56. Macon	18	92. Wake	
21. Chowan		57. Madison	5	93. Warren	
22. Clay	2	58. Martin	21	94. Washington	
23. Cleveland	5	59. McDowell		95. Watauga	
24. Columbus	2	60. Mecklenburg	5	96. Wayne	
25. Craven		61. Mitchell	2	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	7
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	27
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	39
35. Franklin		71. Pender		106. Other	43
36. Gaston	2	72. Perquimans		Total No. of Patients	3,825

All responses should pertain to October 1, 2005 through September 30, 2006. If other wise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin – Inpatient Surgical Cases – Excluding GI Endoscopy Cases (In Dedicated Inpatient or Shared Operating Rooms)

Facility County: Henderson

In an effort to document patterns of "Inpatient" utilization of Surgical Operating Rooms in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient "once" regardless of the number of surgical procedures performed while the patient was in the operating room. However, each admission as an inpatient operating room patient should be reported separately.

The "Total" from this chart should match the "Total" reported in the **Inpatient Cases** "Column D" in the Table under 8(a), page 8.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham	2	74. Pitt	
3. Alleghany		39. Granville		75. Polk	26
4. Anson		40. Greene		76. Randolph	
5. Ashe	1	41. Guilford		77. Richmond	
6. Avery	2	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	73	80. Rowan	1
9. Bladen	1	45. Henderson	700	81. Rutherford	29
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	296	47. Hoke		83. Scotland	
12. Burke	29	48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell		85. Stokes	
14. Caldwell	5	50. Jackson	22	86. Surry	
15. Camden		51. Johnston		87. Swain	6
16. Carteret		52. Jones		88. Transylvania	28
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon	11	92. Wake	
21. Chowan		57. Madison	5	93. Warren	
22. Clay	1	58. Martin	18	94. Washington	
23. Cleveland	4	59. McDowell		95. Watauga	
24. Columbus	2	60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell	2	97. Wilkes	
26. Cumberland		62. Montgomery	2	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	3
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	20
32. Durham		68. Orange		103. Tennessee	3
33. Edgecombe		69. Pamlico		104. Virginia	2
34. Forsyth		70. Pasquotank		105. Other States	23
35. Franklin		71. Pender		106. Other	23
36. Gaston		72. Perquimans		Total No. of Patients	1,348

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin – Ambulatory Surgical Cases – Excluding GI Endoscopy Cases (In Dedicated Ambulatory or Shared Operating Rooms)

Facility County: Henderson

In an effort to document patterns of "Ambulatory" utilization of Surgical Operating Rooms in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient "once" regardless of the number of procedures performed while the patient was in the operating room. However, each admission as an ambulatory operating room patient should be reported separately.

The "Total" from this chart should match the "Total" reported in the Ambulatory Cases, "Column E" in the Table under 8(a), page 8.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	7	38. Graham	19	74. Pitt	
3. Alleghany		39. Granville	1	75. Polk	110
4. Anson		40. Greene	1	76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery	13	42. Halifax		78. Robeson	1
7. Beaufort		43. Harnett	3	79. Rockingham	
8. Bertie		44. Haywood	211	80. Rowan	
9. Bladen		45. Henderson	2486	81. Rutherford	53
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	998	47. Hoke		83. Scotland	
12. Burke	41	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell	1	85. Stokes	
14. Caldwell	6	50. Jackson	52	86. Surry	
15. Camden		51. Johnston		87. Swain	35
16. Carteret		52. Jones		88. Transylvania	136
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba	4	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	23	56. Macon	50	92. Wake	
21. Chowan		57. Madison	37	93. Warren	
22. Clay		58. Martin	58	94. Washington	
23. Cleveland		59. McDowell		95. Watauga	2
24. Columbus		60. Mecklenburg	1	96. Wayne	
25. Craven		61. Mitchell	24	97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	2
28. Dare		64. Nash		100. Yancey	36
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	3
31. Duplin		67. Onslow		102. South Carolina	42
32. Durham		68. Orange		103. Tennessee	5
33. Edgecombe	1	69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	26
35. Franklin	1	71. Pender		106. Other	40
36. Gaston		72. Perquimans		Total No. of Patients	4,536

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin – Gastrointestinal Endoscopy (GI) Cases – (Performed In Gastrointestinal Endoscopy Rooms)

Facility County: Henderson

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Rooms in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient "once" regardless of the number of procedures performed while the patient was in the Gastrointestinal Endoscopy Room. However, each admission as a GI Endoscopy Room patient should be reported separately.

The "Total" from this chart should match the Combined Total reported as **Gastrointestinal Endoscopy Cases**, "Column D" plus "Column E" in the Table under 8(b), page 8.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham	1	74. Pitt	
3. Alleghany		39. Granville		75. Polk	15
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	14	80. Rowan	
9. Bladen		45. Henderson	744	81. Rutherford	8
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	178	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell		85. Stokes	
14. Caldwell		50. Jackson	1	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	21
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee	1	56. Macon	2	92. Wake	
21. Chowan		57. Madison	2	93. Warren	
22. Clay		58. Martin	2	94. Washington	
23. Cleveland		59. McDowell	1	95. Watauga	1
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	4
29. Davidson		65. New Hanover			
30. Davie	1	66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	4
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	5
35. Franklin		71. Pender		106. Other	4
36. Gaston		72. Perquimans		Total No. of Patients	1,012

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Henderson

Complete the following table below for inpatient Days of Care reported under Section 5200.

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander		1							
Alleghany									
Anson									
Ashe		1							
Avery		4							
Beaufort									
Bertie									
Bladen		1							
Brunswick		2							
Buncombe		327							
Burke		6							
Cabarrus		1							
Caldwell		1							
Camden									
Carteret									
Caywell									
Catawba		3							
Chatham									
Cherokee		17							
Chowan									
Clay		8							
Cleveland		17							
Columbus		3							
Craven									
Cumberland		1							
Currituck									
Dare									
Davidson									
Davie		2							
Duplin									
Durham		2							
Edgecombe									
Forsyth									
Franklin									
Gaston		7							
Gates									
Graham		3							
Granville									
Greene									
Guilford		2							
Halifax									
Harnett									
Haywood		86							
Henderson		280							
Hertford									
Hoke									
Hyde									
Iredell		5							
Jackson		30							
Johnston									

** Note: See counties Jones through Yancey (including Out-of-State) on next page.

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Henderson

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln			4						
Macon			24						
Madison			25						
Martin			24						
McDowell									
Mecklenburg			4						
Mitchell			8						
Montgomery									
Moore									
Nash									
New Hanover			3						
Northampton									
Onslow			3						
Orange			2						
Pamlico									
Pasquotank									
Pender			1						
Perquimans									
Person			1						
Pitt									
Polk			5						
Randolph									
Richmond									
Robeson			1						
Rockingham									
Rowan									
Rutherford			31						
Sampson									
Scotland									
Stanly									
Stokes									
Surry			1						
Swain			12						
Transylvania			68						
Tyrrell									
Union									
Vance									
Wake			2						
Warren									
Washington									
Watauga			4						
Wayne									
Wilkes									
Wilson									
Yadkin			2						
Yancey			22						
Out of State			46						
TOTALS			1,103						

** Note: See counties Abamance through Johnston on previous page

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin - MRI Services

Facility County: **Henderson**

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. Patients served include patients receiving MRI procedures reported in Table 10a of this application (page 11).

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	53
4. Anson		40. Greene		76. Randolph	
5. Ashe	1	41. Guilford	1	77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood	46	80. Rowan	2
9. Bladen		45. Henderson	1,606	81. Rutherford	19
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	457	47. Hoke		83. Scotland	
12. Burke	9	48. Hyde		84. Stanly	
13. Cabarrus	3	49. Iredell		85. Stokes	
14. Caldwell	2	50. Jackson	4	86. Surry	
15. Camden		51. Johnston	2	87. Swain	2
16. Carteret		52. Jones		88. Transylvania	72
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	1	54. Lenox	1	90. Union	
19. Chatham		55. Lincoln	3	91. Vance	
20. Cherokee	3	56. Macon	17	92. Wake	6
21. Chowan		57. Madison	7	93. Warren	
22. Clay		58. Martin	15	94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	5	60. Mecklenburg	2	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	2
29. Davidson	3	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	13
31. Duplin		67. Onslow		102. South Carolina	39
32. Durham		68. Orange	1	103. Tennessee	3
33. Edgecombe		69. Pamlico	1	104. Virginia	8
34. Forsyth		70. Pasquotank		105. Other States	60
35. Franklin	1	71. Pender		106. Other	34
36. Gaston	5	72. Perquimans		Total No. of Patients	2,514

Mobile Services: True ☒ or False ☐

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin - Radiation Oncology Treatment

Facility County: Henderson

In an effort to document patterns of utilization of Radiation Oncology Treatment in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of treatments. Patients reported should be patients receiving [linac] procedures listed in Section II of this application. Please count each patient only once.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

Patient Origin – PET Scanner

Facility County: **Henderson**

In an effort to document patterns of utilization of PET Scanner in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson	76	81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe	8	47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	5
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	1	94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	92

All responses should pertain to October 1, 2005 through September 30, 2006. If otherwise, indicate the actual reporting period used on Page 3 of this document.

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Facility Services prior to the issuance of a 2007 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2007 in accordance with Article 5, Chapter 131B of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: Jimm Bunch Date: 11-6-06

PRINT NAME

OF APPROVING OFFICIAL Jimm Bunch

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Facility Services, prior to the issuance of a hospital license.

**Oral Presentation Outline Supporting Park Ridge Hospital's Petition for One (1)
Additional Operating Room in Henderson County**

By Gary Qualls on Behalf of Park Ridge

I. Introduction

- Park Ridge seeks an Adjusted Need Determination to add the need for one (1) operating room in Henderson County
- Park Ridge is a not-for-profit hospital in Fletcher, Henderson County, with 62 acute care beds and six (6) operating rooms
- There are two hospitals in Henderson County
 - Park Ridge
 - Margaret Pardee
- There are no OR's in Henderson County outside of the two hospitals
 - Park Ridge – licensed for 6 OR's
 - Margaret Pardee – licensed for 10 OR's

DFS HEALTH PLANNING
RECEIVED

AUG 01 2007

II. Why Is OR Needed? – Background

- Park Ridge's OR's are very busy
- But Park Ridge can't expand its OR capacity because Pardee staffs only 7 of its 10 OR's
 - Pardee has created an artificial OR surplus
- However, Pardee's utilization is not low enough for it to qualify under the 2008 SMFP exclusion for chronically underutilized facilities
- Problem stems from this:
 - In 2001, Pardee filed for – and received – a CON for 4 additional OR's
 - This was just before the CON statute was amended to subject all new OR's to the SMFP methodology
 - But Pardee has not used or staffed all of the OR's
- Thus, the need methodology is not working properly in this aberrant environment where Pardee is artificially suppressing demand

Medical Facilities
PLANNING SECTION

III. Why Is OR Needed? – Pardee Statistics

- Per Pardee's 2007 hospital license renewal application, 3 OR's reported as "not-in-use"
- But because the methodology counts licensed – not staffed – OR's, the 2008 SMFP shows a 2-OR surplus for Henderson County
- In this instance, OR's that are licensed but "not-in-use" and unstaffed should be considered chronically underutilized
- These unstaffed operating rooms are health care resources that are unavailable to the community **despite being approved over 5 years ago**.

IV. Why Is OR Needed? – Park Ridge's Statistics

- Meanwhile, Park Ridge's OR's are fully booked
 - All 6 OR's fully utilized
 - 2 of 6 OR's are routinely scheduled for extended hours
 - Park Ridge is approaching 123% of capacity – This is the over-capacity level at which Park Ridge's OR's will be utilized in 2009, using CON Section performance standards
 - While Pardee's OR demand has stagnated, physicians and patients are increasingly choosing Park Ridge for surgery
 - Thus Park Ridge needs an opportunity to seek more OR capacity

V. Outmigration

- Per 2006 DFS patient origin data:
 - 43% of Henderson County residents left the County for outpatient surgery
 - 36% of Henderson County residents left the County for inpatient surgery

VI. Adverse Consequences if Petition is Denied

- Patient satisfaction will suffer
- Park Ridge's ability to provide optimal surgical scheduling is hampered
- Increased difficulty in recruiting surgical nurses
- Even more Henderson County residents will leave the County for surgery unnecessarily

VII. This Request is Conservative & Would Help Henderson County Residents

- This is a conservative request – really a stop-gap measure
- Pardee's glut of OR's is an aberration
 - Will not open floodgates
 - But must do something because Pardee's under-utilization of operating rooms is hurting the community by precluding Park Ridge from applying for more ORs under the normal methodology
- There is no OR surplus to Henderson County residents
 - Surplus is on paper only – not a reality
- It is not fair to the people of Henderson County to ignore the reality on the ground
 - There are 13 – not 16 – staffed OR's in Henderson County
 - However, the OR need methodology recognizes 16 OR's in Henderson County
 - Pardee's self-imposed staffing limits are detrimental to patient accessibility
- A special adjustment to the OR need determination is justified for Henderson County to compensate for the chronically underutilized and unstaffed operating rooms at Pardee
- We appreciate that the SHCC is appropriately conservative in granting adjustments from any need methodology
- However, this situation is the paradigm of when a special needs adjustment is justified



DES Health Planning
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Margaret R. Pardee Memorial Hospital
800 North Justice Street
Hendersonville, NC 28731
Telephone (828) 696-1000

August 15, 2007

AUG 15 2007

Victoria McClanahan, Planner
Medical Facilities Planning Section
Council Building
701 Barbour Drive
Raleigh, NC 27603

MEDICAL FACILITIES
PLANNING SECTION

Re: Response to Park Ridge Hospital's August 3, 2007 Petition for One Surgical
Operating Room in Henderson County

Dear Ms. McClanahan:

Park Ridge Hospital has submitted a petition for a special need adjustment of one surgical operating room in Henderson County. Park Ridge essentially argues that the operating room methodology should be adjusted to consider as chronically underutilized operating rooms Pardee Memorial Hospital's three operating rooms reported as not in use on the 2007 Hospital License Renewal Application. Pardee opposes Park Ridge's petition for the following reasons:

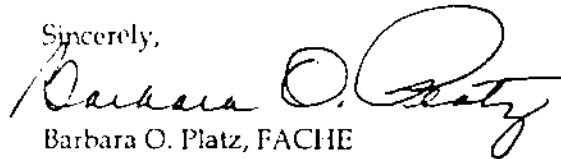
1. Pardee's three operating rooms referenced by the petition do not meet the definition of chronically underutilized. According to the Proposed 2008 SMFP, chronically underutilized operating rooms are defined as "licensed facilities operating at less than 40% utilization for the past two fiscal years, which have been licensed long enough to submit at least two License Renewal Applications to the Division of Facility Services." As noted on page 5 of Park Ridge's petition, Pardee's utilization of all ten operating rooms was 80% of the performance standard for the period 2005-2006, twice that of chronically underutilized operating rooms. Further, as also noted on page 5 of the petition, the construction of Pardee's four additional operating rooms (an increase from the prior six) was not completed until late 2005/early 2006. Consequently, on Pardee's 2006 License Renewal Application, the hospital noted only six operating rooms licensed. Thus, the three operating rooms at issue in the petition have not been licensed long enough to have been included on at least two License Renewal Applications.
2. Park Ridge's assertion that similar exclusions have been made for other facilities is disingenuous. Other exclusions have been made for facilities that have, in fact, had *chronically* underutilized facilities, but Pardee is not aware of any situation in which newly developed capacity was excluded as "chronically underutilized" during its ramp up period.

3. Park Ridge's assertion that three operating rooms are "simply inaccessible" also is incorrect. The three rooms are fully equipped and available to the community. The number of C-sections performed at Pardee has increased markedly in the last year, and one of the three operating rooms is now being used primarily for C-sections. It will be reported as a dedicated C-section room on Pardee's 2008 License Renewal Application. The remaining two operating rooms are fully equipped, can be staffed based on the surgical schedule, and are planned to be phased into use in the next two years. It is not unreasonable for Pardee to stagger the opening of the additional operating rooms, as volume increases over time and demands the additional capacity for routinely schedule procedures. In fact, it is not prudent health planning to develop facilities that are estimated to be operating above capacity at the time they are opened. Rather, appropriate health planning suggests developing facilities that will support projected volume in future years.
4. Pardee's operating room utilization for fiscal year 2007 is on pace to be consistent with the prior year's utilization and well in excess of 40% of the performance standard, whether calculated with 7, 8 or 10 rooms.
5. With the completion of the four additional operating rooms at Pardee, available facility capacity has not restricted access by Henderson County surgical patients nor forced patients to seek care outside the county. While Henderson County patients do leave the county for surgery, it is not typically due to the unavailability of operating rooms but rather to seek specialty services not offered at Pardee or Park Ridge, including open heart surgery, trauma surgery, neurosurgery, and gynecological oncology surgery, or based on physician referral preferences/relationships.
6. Pardee's slight decrease in surgical volume after 2003 is primarily from physician departures in the normal course of business for reasons such as retirement, relocation out of the area, or health concerns.
7. Pardee currently has a need for and is actively recruiting and assisting with the recruitment of at least four surgeons, including general and orthopedic surgeons. The recruitment of a spine surgeon is part of the plan to staff and utilize the 10th operating room.
8. The circumstances in Henderson County are not unique, as Park Ridge argues. Included as Attachment 1 is an analysis of all North Carolina hospitals that appear to have added new operating rooms since FY 2001. (The analysis is based on the change in the number of operating rooms reported on the hospital's license renewal application and/or the applicable State Medical Facilities Plan.) The analysis shows the utilization for each facility on a case-per-room-per-day basis for the first year following the opening of the new operating room. The shaded columns represent the type of room added to the hospital's inventory. Based on the utilization of the type of

room added to the hospital's inventory, more than 80 percent of the facilities experienced utilization below the performance standard during the first year of operation of the new room. Thus, the situation in Henderson County is common in facilities across the State.

Pardee contends that Park Ridge's petition is not consistent with the intent of the SMFP process for petitions for adjusted need determinations. The circumstances in Henderson County are not unique, and there are no special attributes of either organization that give rise to resource requirements that justify altering the standard operating room methodology. For these reasons, we respectfully request that the Acute Care Committee and the State Health Coordinating Council deny Park Ridge's petition.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara O. Platz". The signature is fluid and cursive, with a large, stylized "P" at the end.

Barbara O. Platz, FACHE
VP - Support Services

Excludes (-section and Dedicated Lipon Heart

Facility	Year	Additional ORs			Total ORs			Cases per Room per Day		
		IF	As	Shared	IF	As	Shared	IF (2.4)	AS (4.8)	Shared (3.2)
University of North Carolina Hospitals										
First Health Moore	FY 2002			6	1	7		3.44	3.44	7.24
Carolina Medical Center	FY 2002	4			1	1	9	3	3	3.77
Lake University Hospital	FY 2002	1	3		11	12	32	3	3.4	2.67
Marple Medical Center	FY 2002	1			8			3	3.4	2.52
Lawson Memorial Hospital, Inc.	FY 2002			2	1	3	4	3	3.4	2.48
Campan Regional Medical Center	FY 2002			2	2	4	2	3	3.4	0.00
Other Hospitals	FY 2002			2	8	10	8	3	3.4	1.85
Western Medical Center	FY 2002			2	6	8	6	3	3.4	2.23
High Court Regional	FY 2002			2	9	11	9	3	3.4	2.35
Academy County Hospital	FY 2002			1	9	10	9	3	3.4	2.91
Long Point Hospital Corporation	FY 2002			1	7	8	7	3	3.4	2.05
Davi County Hospital	FY 2002			1	7	8	7	3	3.4	0.04
Franklin Regional Medical Center	FY 2002			1	1	2	1	3	3.4	6.04
Harris Regional	FY 2002			1	1	2	1	3	3.4	3.06
Harris Regional	FY 2002			1	6	7	6	3	3.4	2.04
CAC Union	FY 2002			1	7	8	7	3	3.4	2.55
Blount Memorial Hospital	FY 2002			1	7	8	7	3	3.4	3.62
Memorial Medical Hospital and Mason-Whitney	FY 2002	1			13	14	2	3	3.4	0.44
Lake Regional Medical Center	FY 2002				2	2	2	2.26	4.96	1.22
Lake Norman Regional Medical Center	FY 2002				4	4	4	3	3.4	2.86
Altamonte Regional Medical Center	FY 2002				11	11	11	3	3.4	2.89
Heritage Hospital	FY 2002				7	7	7	3	3.4	1.92
NorthEast Medical Center	FY 2002				7	7	7	3	3.4	3.37
Valley and Regional Medical Center	FY 2002				7	7	7	3	3.4	2.90
North Carolina Baptist Hospitals, Inc.	FY 2003	6			12	18	12	3.33	3.10	4.29
CAC University	FY 2003	2	4		12	16	12	3	3.4	2.79
NorthEast Medical Center	FY 2003	2			4	6	9	1.55	3.4	1.07
CAC Mercy - Pineville	FY 2003	3			16	19	16	3	3.4	3.32
Medical Park Hospital	FY 2003	2			17	19	17	3	3.4	2.61
Presbyterian Hospital	FY 2003	2			14	16	14	3	3.4	3.20
Randolph Hospital	FY 2003	2			29	31	29	3	3.4	2.65
Moses Cone Health System	FY 2003	2			2	4	2	3	3.4	3.13
Gaston Memorial	FY 2003	2			12	14	8	3	3.4	2.86
Presbyterian Matthews	FY 2003	2			8	10	12	3	3.4	2.53
Hawwood Regional Medical Center	FY 2003			2	8	10	8	3	3.4	4.69
Park Ridge Hospital	FY 2003			1	7	8	7	3	3.4	2.63
Sealed Memorial Hospital	FY 2003	1			7	8	7	3	3.4	3.60
Rowan Regional Medical Center	FY 2003	1			6	7	6	3	3.4	2.77
Caldwell Memorial Hospital	FY 2004	1			8	9	8	3	3.4	4.24
University of North Carolina Hospitals	FY 2004	5			3	8	4	3	3.4	2.18
Forth Medical Center	FY 2004	4			4	8	32	3	3.4	2.01
North Carolina Baptist Hospitals, Inc.	FY 2004	4			2	6	18	3	3.4	2.75
Cape Fear Valley	FY 2004	4		4	36	40	36	1.45	3	2.85
Transylvania Community Hospital	FY 2004	2			13	15	13	3	3.4	3.66
WakeMed Cary Hospital	FY 2004	1			4	5	4	3	3.4	3.23
Lake Norman Regional Medical Center	FY 2004	1			9	10	9	3	3.4	2.86
Presbyterian Huntersville	FY 2005	1			7	8	7	3	3.4	2.46
Forsyth Medical Center	FY 2005	1			3	4	3	1.59	3	2.82
Catawba Valley Medical Center	FY 2005	1			10	11	10	3	3.4	2.81
Lake Norman Regional Medical Center	FY 2005	1			12	13	12	3	3.4	3.17
Duke University Hospital	FY 2005	1			8	9	8	3	3.4	2.53
NorthEast Medical Center	FY 2005	1			7	8	7	3	3.4	2.89
	FY 2005				1	1	1	3	3.4	2.85